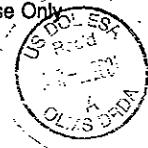



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 5 0 9 - 1 6 1	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
RICK SAWYER (2) 509-161 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 540 LU 8 2800 FIRST AVE RM 3 SEATTLE, WA 98121 12/2000 			8. MAILING ADDRESS (Type or print in capital letters.) First Name R I C H A R D Last Name S A W Y E R P.O. Box • Building and Room Number (if any) Number and Street 2 8 0 0 F I R S T A V E R O O M # 3 City S E A T T L E State ZIP Code + 4 W A 9 8 1 2 1 -	
4. AFFILIATION OR ORGANIZATION NAME H.E.R.E. INTERNATIONAL UNION				
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 8		
7. UNIT NAME (if any)				
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No				

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
11	Welfare & Pension Admin. Services, Inc. P O Box 34203 Seattle, WA. 98124
12	Health & Welfare & Pension Funds
	Bond Beebe 7315 Wisconsin Avenue, Suite 200 West Bethesda, MD 20814

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>John W. Walke</u> _____ Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Ted T. Hansen</u> _____ Date Telephone Number	TREASURER (If other title, see instructions.)
--	--	--	--

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 4 1 6 5
19. What is the date of your organization's next regular election of officers? MO YEAR
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 16.50-30.50 per MONTH <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 40.00-150.00
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ 3.50 per Event Worked <i>(Month, Year, etc.)</i>

- | | Yes | No |
|---|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
<i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | X |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 5 0 9 — 1 6 1

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash		2 5 3 7 0 8	5 2 1 4 8 7
	26. Accounts Receivable			
	27. Loans Receivable	1		
	28. U.S. Treasury Securities		2 5 9 0 0 0	5 0 0 0 0
	29. Investments	2	2 9 0 8 3	2 9 0 8 3
	30. Fixed Assets	5	1 2 3 1 1	4 3 6 2
	31. Other Assets	3		
	32. TOTAL ASSETS		5 5 4 1 0 2	6 0 4 9 3 2

LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4		
	37. TOTAL LIABILITIES			
	38. NET ASSETS (Item 32 less Item 37)			

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 9 — 1 6 1

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		1 2 1 4 8 8 2	56. To Officers	9	1 0 7 9 5 2
40. Per Capita Tax			57. To Employees	10	2 7 4 6 9 7
41. Fees		3 1 5 3 4 8	58. Per Capita Tax		6 1 9 1 0 6
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	1 4 2 6 5 8
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		1 2 6 9 6
46. Interest		1 6 5 0 5	63. Benefits	11	1 0 6 4 9 7
47. Dividends		7	64. Contributions, Gifts & Grants	12	6 8 0 1
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		5 4 4 7 8
50. Loans Obtained	8		67. Withholding Taxes		1 0 9 5 3 6
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	3 0 9 4
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	2 9 9 1 1	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements	15	8 0 3 5 9
55. TOTAL RECEIPTS		1 5 7 6 6 5 3	74. TOTAL DISBURSEMENTS		1 5 1 7 8 7 4

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 5 0 9 — 1 6 1

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (A) </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 69 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 51 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 75 with Explanation </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 5 0 9 - 1 6 1

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 5 0 9 - 1 6 1

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	15,405.	11,043.	4,362.	4,362.
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	15,405.	11,043.	4 3 6 2	4,362.

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 9 - 1 6 1

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. DIGITAL CAMERA	1,227.	1,227.	1,227.
2. LAPTOP COMPUTER	1,867.	1,867.	1,867.
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	3,094.	3,094.	3,094.
	7. Less Reinvestments		
	8. Net Purchases		3 0 9 4
Enter the Total from Line 8 in [↑] Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in [↑] Item 34 Column (C) [↑] Item 50 [↑] Item 70 [↑] Item 75 with Explanation [↑] Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 9 — 1 6 1

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. <small>Last Name</small> V A N <small>First Name</small> R O S S U M E R I K <small>Title</small> U N I O N R E P R E S E N T <small>Status</small> P		4 1 6 9 0		2 3 9 8	2 0 0	4 4 2 8 8
2. <small>Last Name</small> W I L L I S <small>First Name</small> T R A C E Y <small>Title</small> E X E C U T I V E B O A R D <small>Status</small> P		3 4 0			2 0 0	5 4 0
3. <small>Last Name</small> <small>First Name</small> <small>Title</small> <small>Status</small>						
4. <small>Last Name</small> <small>First Name</small> <small>Title</small> <small>Status</small>						
5. <small>Last Name</small> <small>First Name</small> <small>Title</small> <small>Status</small>						
6. <small>Last Name</small> <small>First Name</small> <small>Title</small> <small>Status</small>						
7. <small>Last Name</small> <small>First Name</small> <small>Title</small> <small>Status</small>						
8. Totals from additional pages (if any)		107,391.		1,327.	3,200.	111,918.
9. Totals of Lines 1 through 8		149,421.		3,725.	3,600.	156,746.
				10. Less Deductions 4 8 7 9 4		
Enter the Total from Line 11 in Item 56 ⇨				11. Net Disbursements 1 0 7 9 5 2		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 9 - 1 6 1

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>1. W R I G H T L A N I D A</div> <div>Position</div> <div>UN I O N R E P R E S E N T A</div> <div>Name of Affiliated Organization</div> </div>	1 7 0 5 0		1 7 2 7		1 8 7 7 7
<div> <div>Last Name</div> <div>First Name</div> <div>2.</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>3.</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>4.</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>5.</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
6. Totals from additional pages (if any)	323,085.		10,483.	2,424.	335,992.
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	340,135.		12,210.	2,424.	354,769.
9. Less Deductions			8 0 0 7 2		
Enter the Total from Line 10 in..... Item 57 ⇒			10. Net Disbursements 2 7 4 6 9 7		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 5 0 9 - 1 6 1

Description (A)	To Whom Paid (B)	Amount (C)
1. Health & Welfare	H.E.R.E. TRUST FUNDS	40,526
2. Pension	H.E.R.E. TRUST FUNDS	43,821.
3. International Union Death Benefits	Beneficiaries	4,000.
4. Local 8 Death Benefits	Beneficiaries	18,150.
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 0 6 4 9 7
Enter the Total from Line 6		Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Flowers & Memorials	251.
2. Donations	6,550.
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6 8 0 1
Enter the Total from Line 8 in	
Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Rent	44,435.
2. Equipment Repair & Maintenance	21,015.
3. Insurance	2,354.
4. Office Supplies	13,229.
5. Postage & Mailings	25,316.
6. Printing	10,525.
7. Total from additional pages (if any)	25,784.
8. Total of Lines 1 through 7	1 4 2 6 5 8
Enter the Total from Line 8 in	
Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. International Union Death Benefits	4,000.
2. Returned Checks	6,493.
3. Expense Reimbursement	18,815.
4. Recovery of Outstanding Checks	603.
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 9 9 1 1
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Returned Checks	8,701.
2. Dues & Initiation Refunds	6,396.
3. Negotiation Expense	3,710.
4. Grievance & Arbitration Expense	10,638.
5. Newsletter Publication	3,503.
6. Legal Fees	20,368.
7. Meetings & Conferences	3,993.
8. Replenish Petty Cash	111.
9. Member Education	3,609.
10. Payroll Deduction - Dues	3,122.
11. Payroll Deduction - 401K	16,148.
12. Payroll Deduction - TIP	60.
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	8 0 3 5 9
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
Hotel Empl, Restaurant Empl. AFL-CIO Local 8

ENDING DATE OF PERIOD COVERED
December 2000

FILE NUMBER: 5 0 9 - 1 6 1

PAGE 1 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name B I S S O N N E T T E J O S E P H		4 5 1 0 7		4 2 0	2 0 0	4 5 7 2 7
Title V I C E P R E S I D E N T Status P						
Last Name First Name M A S S I M I N O J O S E P H		3 0 6 2 4		1 9 7	2 0 0	3 1 0 2 1
Title P R E S I D E N T Status P						
Last Name First Name S I M O N S O N B E T T Y		1 3 6 6 0		1 6 8	2 0 0	1 4 0 2 8
Title S E C R E T A R Y - T R E A S Status P						
Last Name First Name W H I T E H I L L H A R O L D					2 0 0	2 0 0
Title T R U S T E E Status P						
Last Name First Name B A K E R C R Y S T A L					2 0 0	2 0 0
Title T R U S T E E Status P						
Last Name First Name A B E L L O R E T T A					2 0 0	2 0 0
Title E X E C U T I V E B O A R D Status P						
Last Name First Name C H I S W E L L L A U R A					2 0 0	2 0 0
Title E X E C U T I V E B O A R D Status P						
Last Name First Name F R E E M A N S H I R L E Y					2 0 0	2 0 0
Title E X E C U T I V E B O A R D Status P						
Totals		89,391.		785.	1,600.	91,776.

ORGANIZATION NAME:
Hotel Emp1, Restaurant Emp1, AFL-CIO Local 8

ENDING DATE OF PERIOD COVERED:
December 2000

FILE NUMBER: 5 0 9 - 1 6 1

PAGE 2 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name G R A N D V O L D First Name D E B O R A H Title E X E C U T I V E B O A R D Status P					2 0 0	2 0 0
Last Name L Y D E R S First Name M I C H A E L Title U N I O N R E P R E S E N T Status P		1 8 0 0 0		5 4 2	2 0 0	1 8 7 4 2
Last Name M A S O N First Name M A R T H A Title E X E C U T I V E B O A R D Status P					2 0 0	2 0 0
Last Name M C C L A M R O C K First Name G R A N T Title E X E C U T I V E B O A R D Status P					2 0 0	2 0 0
Last Name M I C H A E L First Name P A M Title E X E C U T I V E B O A R D Status P					2 0 0	2 0 0
Last Name M O O R E First Name J O H N Title E X E C U T I V E B O A R D Status P					2 0 0	2 0 0
Last Name R A M O S First Name F E L I C I D Title E X E C U T I V E B O A R D Status P					2 0 0	2 0 0
Last Name S U L L I V A N First Name K E N T Title E X E C U T I V E B O A R D Status P					2 0 0	2 0 0
Totals		18,000.		542.	1,600.	20,142.

ORGANIZATION NAME:
Hotel Emp1, Restaurant Emp1 AFL-CIO Local 8

ENDING DATE OF PERIOD COVERED:
December 2000

FILE NUMBER: 5 0 9 - 1 6 1

PAGE 1 OF 3 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name First Name C R O M W E L L B A R B A R A Position O F F I C E C L E R K Name of Affiliated Organization		4 2 6 1			1 3 0	4 3 9 1
Last Name First Name F R E E M A N E L I Z A B E Position U N I O N R E P R E S E N T A Name of Affiliated Organization		4 0 9 1 0		2 4 4 9		4 3 3 5 9
Last Name First Name H A L L R I C K Position U N I O N R E P R E S E N T A Name of Affiliated Organization		5 2 1 5				5 2 1 5
Last Name First Name H E R R E R A R O J E L I O Position D U E S C O O R D I N A T O R Name of Affiliated Organization		1 8 9 1 1			3 9 0	1 9 3 0 1
Last Name First Name I N I G U E Z M A R I A Position O F F I C E C L E R K Name of Affiliated Organization		2 6 4 0 1			1 0 5 4	2 7 4 5 5
Totals		95,698.		2,449.	1,574.	99,721.

ORGANIZATION NAME:
Hotel Empl. Restaurant Empl AFL-CIO Local 8

ENDING DATE OF PERIOD COVERED:
December 2000

FILE NUMBER: 5 0 9 - 1 6 1

PAGE 2 OF 3 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: L O R E First Name: L O U I S Position: U N I O N R E P R E S E N T A Name of Affiliated Organization:	1 3 8 6 0		9 9 1		1 4 8 5 1
Last Name: M E L V I L L E First Name: Z E L L A Position: O F F I C E M A N A G E R Name of Affiliated Organization:	7 0 6 1 7		1 3 3 5	2 0 0	7 2 1 5 2
Last Name: M O R R I S First Name: R A E A Position: O F F I C E C L E R K Name of Affiliated Organization:	9 2 5 8			2 6 0	9 5 1 8
Last Name: O R Z E C H O W S K I First Name: J O S E P H Position: U N I O N R E P R E S E N T A Name of Affiliated Organization:	2 5 5 6 6		7 1 8		2 6 2 8 4
Last Name: P E D E R S E N First Name: D O U G L A S Position: U N I O N R E P R E S E N T A Name of Affiliated Organization:	2 4 0 0		7 5		2 4 7 5
Totals	121,701.		3,119.	460.	125,280.

ORGANIZATION NAME:
Hotel Emp1, Restaurant Emp1, AFL-CIO Local 8

ENDING DATE OF PERIOD COVERED:
December 2000

FILE NUMBER: 5 0 9 - 1 6 1

PAGE 3 OF 3 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: P E R E S T R E J O First Name: O M A R Position: U N I O N R E P R E S E N T A Name of Affiliated Organization:	2 8 4 9 0		1 8 3 1		3 0 3 2 1
Last Name: R H O D E S First Name: P A T R I C E Position: O F F I C E C L E R K Name of Affiliated Organization:	1 1 6 7 8			3 2 5	1 2 0 0 3
Last Name: R O S S First Name: C A R O L I N Position: O F F I C E C L E R K Name of Affiliated Organization:	1 6 5				1 6 5
Last Name: V I N Y A R D First Name: J E N E L Position: O F F I C E C L E R K Name of Affiliated Organization:	2 6 1 5 3			6 5	2 6 2 1 8
Last Name: W O R K L A N D First Name: J O H N Position: U N I O N R E P R E S E N T A Name of Affiliated Organization:	3 9 2 0 0		3 0 8 4		4 2 2 8 4
Totals	105,686.		4,915.	390.	110,991.

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

HOTEL EMPLOYEES & RESTAURANT EMPLOYEES

UNION, LOCAL #8

FORM - LM2, 2000

SCHEDULE F. 13 OFFICE & ADMINISTRATIVE EXPENSES

Telephone
Bank Charges
Advertising Expense

\$24,854.00
\$109.00
\$821.00

\$25,784.00

